

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEES DETERMINATION  |          |        |         |
| O.I.P.E. CLASSIFIER | B.B      | 48     | 7/2/98  |
| FORMALITY REVIEW    | W        | 67479  | 7-14-98 |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim    | Date |
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| Claim    | Date    |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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